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THE NURSING TEAM'S CHALLENGES IN PROMOTING HEALTH FOR THE TRANSGENDER POPULATION

Ezequias Paes Lopes
Nurse with a degree in Nursing. Faculdade Pan-Amazônica, FAPAN, Brasil; Master's degree in Gerontology in progress; Universidade Federal de Santa Maria, UFSM, Brasil; Ongoing specialization in WORK NURSING (Hours: 660h). Faculdade FAMART, Brasil; Ongoing specialization in Intensive Care and Emergency Nursing-Adult (Hours: 360h). Universidade La Salle- Canoas, UNILASALLE; I am currently working as a nurse in clinical admissions, and I have already worked as an emergency room nurse at the Hospital Regional de São Jerônimo. Charqueadas-RS
http://lattes.cnpq.br/5050728337258979

Regina Martins Reggiori
Graduated in Nursing from the Universidade Regional do Noroeste do Estado do Rio Grande do Sul (2006); Specialist in Humanization of SUS Management and Care from the Universidade Federal do estado do Rio Grande do Sul (2009); Master's student in Education (completion December 2021-awaiting certification) at the Universidade Regional Integrada do Alto Uruguai - URI / FW; She has extensive experience in generalist nursing services, care management and nursing care management. She is currently nurse manager of the nursing service at the Associação Hospitalar Beneficente Santo Antônio de Tenente Portela – RS. Professor of Nursing at the Centro Universitário FAI - UCEFF Itapiranga. Ijuí-RS
http://lattes.cnpq.br/9265455486823410

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Débora Eliana Teichmann
Degree in Nursing and Obstetrics from the Centro Universitário Franciscano; Master's Degree in Health Sciences from Universidade Comunitária da Região de Chapecó-Unochapeco; Specialization in Health Services Administration from the Centro Universitário Franciscano; and Specialization in Industrial and Food Microbiology from UNOESC (Universidade do Oeste de Santa Catarina); She is currently coordinator of the Nursing course at UCEFF in Itapiranga, and lecturer on the Physiotherapy, Nutrition, Biomedicine and Aesthetics and Cosmetology hybrid courses at UCEFF -Itapiranga/SC; She is a member of the Commission to Combat COVID-19 and a representative member of the Itapiranga Municipal Health Council.
He has experience in distance education management, hybrid teaching and teaching content in distance education
http://lattes.cnpq.br/1369780660416980

Vanusa Eduarda Tech
She has a degree in Nursing from the Universidade de Santa Cruz do Sul, UNISC; University Extension in I Online Course on Priority Diseases for the Unified Health System. University Extension in Nursing Assistance in monitoring CVP and IAP; University Extension in Arterial Blood Gasometry in Care Practice; University course in Blood count, anemia and lymphadenopathy; University course in PICC Insertion, Maintenance and Removal; She is currently a nurse at the Hospital Regional de São Jerônimo. She has experience in clinical, surgical, pediatric and ICU nursing
http://lattes.cnpq.br/4872495620515060

Gabriel da Silva Morcelli
Ongoing degree in Nursing from the Centro Universitário FAI - UCEFF Itapiranga
http://lattes.cnpq.br/8052328190099161

Abstract: INTRODUCTION: "In 2020, Brazil secured 1st place in the ranking of murders of trans people in the world, with figures that remained above average." This year, "we found news of 184 records that were included in the 2020 Murder Map". **OBJECTIVE: The aim of** this study was to analyze the challenges faced by the nursing team in promoting health for the transgender population in public health services, based on the experiences of transgender people. **METHODOLOGY:** This is an Integrative Literature Review with a qualitative approach. **RESULTS:** Cross-referencing the descriptors resulted in 265 articles in LILACS and 385 articles in SCIELO. Of the 650 articles found, 397 did not answer the study's guiding question, and 189 met the exclusion criteria. Of the remaining 64, 42 did not meet the inclusion criteria for this study, leaving a total of 22 articles for contextualization. **FINAL CONSIDERATION:** According to the articles analyzed, transsexual people have faced damaging levels of family rejection, mostly from an early age, since this rejection ends up having a negative impact on each individual, thus contributing to their removal from essential social spaces, not to mention causing increased difficulties in accessing and continuing their schooling.
Keywords: Health Promotion. Nursing Team. Transgender people. Health services.

INTRODUCTION

"In 2020, Brazil secured 1st place in the ranking of murders of trans people in the world, with figures that remained above average." This year, "we found news of 184 records that were included on the 2020 Murder Map". Through "detailed analysis, the number of murders was 175, all against people who expressed the female gender as opposed to the gender assigned at birth" (BENEVIDES, NOGUEIRA, 2021).

It emphasizes that the National Policy for the Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT), established by Ordinance No. 2.836, of December 1, 2011, and agreed by the Tripartite Interagency Commission (CIT), according to Resolution No. 2 of December 6, 2011, which guides the LGBT Comprehensive Health Operational Plan, the care and provision of assistance to the health service is incipient, carried by the stigma and prejudice experienced daily with health care services, corroborating the removal of this population in question from the health service (BRASIL, 2013).

Cortes et al (2019), when conducting a qualitative study that sought to analyze the experience of transgender women in a municipality in the recôncavo of Bahia, state that these experiences of transgender women "are marked by prejudice and stigma, lack of access to health services and aspects of social vulnerability that tend to lead these women to discomfort and psychological suffering". However, they point out that "the support of family, friends and other transgender women are positive factors in coping with violence and prejudice".

According to Rocon et. al (2020), the main challenges identified regarding universal access to the SUS for the transsexual population are discrimination in health services and equipment, the pathologization of transsexuality, inadequate reception; the requirement for surgery; the qualification of professionals; the absence of a primary care policy and the lack of a health network; and the scarcity of resources to fund transsexualization processes and policies to promote equity and respect for transgender identities.

According to Benevides, Nogueira (2021), "transgender people have faced frightening levels of family rejection, usually from an early age, where such rejection can have a devastating impact on individuals", thus contributing to "isolation from social spaces essential to their well-being, as well as causing increased difficulties in accessing and continuing schooling". As a result, due to the lack of support, professional qualification becomes unfeasible, imposing an interruption in the process of access to citizenship and causing impacts on their mental health, as well as high levels of isolation and suicide.

Noting that Brazil is the country that kills the most transsexual people in the world, this research is relevant in being able to contribute to nursing care based on the realization of health promotion in the face of the process of human living in the light of the health of the transsexual population, respecting their experience, fragility and vulnerability, for academia the dissemination of scientific knowledge and for public health, to support policies and strategies related to the mitigation of discriminatory and exclusionary care of the population studied.

From this perspective, the aim of this study was to analyze the challenges faced by the nursing team in promoting health for the transgender population in public health services, based on the experiences of transgender people.

METHODOLOGY

This is an Integrative Literature Review (ILR) with a qualitative approach. The ILR has a number of stages which involve: defining the clinical problem, identifying the information needed, conducting a search for studies in the literature, critically evaluating the literature, identifying the applicability of the data from the studies and determining its use for the patient (MENDES; SILVEIRA and GALVÃO, 2008).

The integrative review, based on the scientific rigor required for other research approaches, represents another resource for

building knowledge in nursing and, given its nature, can support the development and accuracy of clinical practice and consequent patient interventions **(CROSSETTI, 2012)**. The steps taken in this research were those recommended by **Sousa et al. (2017)**, as follows: In the first stage, the theme and objective of the research were identified: the chosen theme is related to the challenges faced by the nursing team in promoting health for the transsexual population in public health services based on the experience of transgender people, for the formulation of the question and because it is a non-clinical research, the PICo strategy was used (Chart 1), the following research question was elaborated: "IS THERE interference in promoting health for the transsexual population in public health services based on the experience of transgender people?".

P- Population	Transgender population
I- Interest	Health promotion
Co-context	Health Services

Table 1. PICo strategy for creating the research question.

Source: Author, 2024

The following descriptors were defined for the search: **"Health Promotion", "Nursing Team", "Transgender People", "Health Services",** interspersed with the relational operator "AND", applying the filters: year of publication, national database, full text, type of study (article) and descriptors. The databases selected were: Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO).

In the second stage, the sample **was defined** and the following inclusion criteria were established: time frame from January 2016 to May 2024, studies with transgender people, health promotion for the transgender population, the experience of transgender people in health services, studies that analyze the quality of care for transgender people; studies developed in Brazil, publications in Portuguese . Comments, reviews, studies outside the time frame and articles that did not meet the research objective were excluded.

In the third stage, we sought to define the information to be extracted from the 22 included studies, thus carrying out the data collection that took place between April and May 2024. The databases selected were: Latin American and Caribbean Health Sciences Literature (LILACS) and Scientific Electronic Library Online (SciELO). SciELO was chosen as the place to search for primary articles due to its relevance to the topic under investigation. For the Latin American and Caribbean Health Sciences Literature (LILACS), the following thematic descriptors were used **("Health Promotion",** "**Nursing Team**", "**Transgender People**", "**Health Services**"**).** For the Lilacs database and the SciELO library, Health Science Descriptors (DeCS) were used: **"Health Promotion",** "**Nursing Team**", "**Transgender People**", "**Health Services**"**.** To carry out the search, these descriptors were organized with the help of the relational "OR" and both the analysis and synthesis of the data extracted from the articles were carried out in a descriptive manner, allowing us to observe, count, describe and classify the knowledge produced on the subject explored in this review.

For a total of 22 investigations. The search used the descriptors **"Health Promotion",** "**Nursing Team**", "**Transgender People**", "**Health Services**", interspersed with the relational operator "AND", applying the filters: year of publication, national database, full text, type of study (article) and descriptors. For data collection, **Ursi (2016)** was adapted in order to establish the homogenization of the information collected.

In order to refine the sample, the titles and abstracts of all the articles were read, then the potentially relevant research was analyzed and selected, after which each selected item was thoroughly reviewed by the authors.

Twenty-two articles were chosen for this review, critically analyzed to extract the relevant information contained in each article and also determine the level of evidence by evaluating the method used in each of them (MARTÍNEZ, 2018).

The fourth stage consisted of evaluating the main results and conclusions found in the selected articles.

The selected materials were carefully and critically analyzed, reading and re-reading them in their entirety, in an attempt to describe the authors' main results and conclusions. In addition to the texts found in the research, other relevant publications were included in the analysis in order to contextualize this study.

For data analysis, the Thematic Content Analysis technique was used, organized into three stages: pre-analysis, exploration of materials and data processing, inference and interpretation. In this context, the articles were initially floated, then the articles were completely read to select relevant elements, such as words and phrases with meaning for the data evaluation process. Finally, the registration units were consolidated according to the analogy of meanings and the abstraction of categories.

In the fifth phase, with a view to critically analyzing the eligible studies, we adopted the classification of the Agency for Healthcare Research and Quality (AHRQ) in the United States of America, drawn up by nursing scholars. The quality of the evidence is classified into six levels: **Level 1,** meta-analysis of multiple controlled studies; **level 2,** individual study with experimental design; **level 3**, study with quasi-experimental design such as study without randomization with single group pre- and post-test, time series or case-control; **level 4,** study with non-experimental design such as descriptive correlational and qualitative research or case studies; **level 5,** case report or systematically obtained data of verifiable quality or program evaluation data; **level 6**, opinion of reputable authorities based on clinical competence or opinion of expert committees, including interpretations of non-research-based information (MERCÊS et al, 2019).

RESULTS AND DISCUSSION

Cross-referencing the descriptors resulted in 265 articles in LILACS and 385 articles in SCIELO. Of the 650 articles found, 397 did not answer the study's guiding question, and 189 met the exclusion criteria. Of the remaining 64, 42 did not meet the inclusion criteria for this study, leaving a total of 22 articles for contextualization **(Figure 1).**

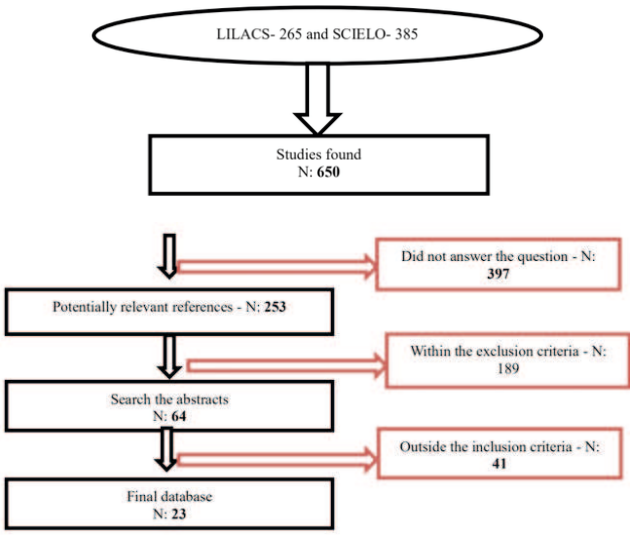

Figure 01: Flowchart of the articles found.

Source: Authors (2024).

In order to analyze and summarize the articles used, synoptic tables were drawn up which include the main findings of each one. The first presents the studies in terms of first author, year of publication, title of each and journal of publication (Chart 1).

Identification, first author, journal, year	Title and Objectives
T1 Juliana Vieira Sampaio et al. **Journal of** Feminist **Studies**, published by the Federal University of Santa Catarina. **2017**	**"Everything is always a lot!": health production among transvestites and transsexuals. It aimed to** find out how this population seeks health care, how they make use of the equipment and care available, how they produce health and how they manage these issues in their daily lives.
T2 Wesley Frank da Silva Oliveira et al. **Alpha Magazine**, Patos de Minas-University Center of Patos de Minas. **2017**	**Health professionals' perceptions of transsexuals and transvestites in the family health strategy.** To analyze the perceptions of nurses and nursing technicians from the Family Health Strategy in a city in Minas Gerais, as important aspects for the effective implementation of public health policies aimed at the transvestite and transsexual population.
T3 Janaina Pinto Janini et al. **Anna Nery School, journal of nursing. 2019**	**The epistemological construction of transsexuality: science, nursing and common sense.** To understand the common sense of transsexual women in reaction to the transsexualizing process and to discuss the epistemological construction of transsexuality and nursing in this process.
T4 Arthur Fernandes Sampaio et al. **Journal of** Popular **Education**, Uberlândia. **2019**	**Trans. forming itself: popular education in the construction of knowledge about the health of the trans population.** The aim was to learn about the health of trans people through an educational intervention with resident health professionals.
T5 Simone Monteiro, Mauro Brigeiro. **Cadernos de Saúde Pública. 2019**	**Experiences of trans women's access to health services: advances, limits and tensions.** It analyzes the experiences of trans women and transvestites in accessing health services and discusses sexual/gender discrimination and their demands on gender transition and AIDS prevention services.
T6 Cristiane Maria Amorim Costa et al. **Global Academic Nursing Journal** 2020	**Knowledge and practices of nursing students in the health care of sexual minorities.** To analyze the knowledge and practices of nursing students regarding the health care of sexual and specific minorities.
T7 Roberta Cristina Gobbi Baccarim et al. **Revista Psicologia Argumento**. 2020	**Trans People's Access to Healthcare: an Analysis of Professional Practices.** It discusses care and the right to integral health, based on a qualitative study that sought to analyze the barriers to access for this population in these spaces
T8 Nilo Plantiko Guimarães et al. **Electronic Journal of Communication**, Information and Innovation in Health (RECIIS) **2020**	**Evaluation of the implementation of the National Comprehensive Health Policy for the LGBT population in a municipality in the Southeast region of Brazil.** To analyze the LGBT population's access to primary health care in a municipality in the state of Espírito Santo (ES).
T9 Andréa Felizardo Ahmad et al. **Research, Society and Development**. **2020**	**Trans men's expectations in the face of cross-hormonization: nursing's contributions to health care.** The aim was to find out about the expectations of transsexual men in the face of hormonalization, pointing out the contributions that nursing can make to health care.
T10 Myllena Ferreira Peixoto et al. **Revista Gaúcha de Enfermagem. 2021**	**Hermeneutic understandings of the vulnerabilities of women belonging to the lesbian, bisexual and transgender group.** To uncover the understanding of women and health professionals about the vulnerability of women belonging to the lesbian, bisexual and transgender group.
T11 Helena Moraes Cortes et al. **Journal of Gender and Diversity. 2021**	**The (Dis)Access of Transgender People to Health Services in the Recôncavo Baiano.** The aim of this article is to analyze transgender people's access to health services in a municipality in the Recôncavo region of Bahia.
T12 Paula Hayasi Pinho et al. **Acervo Saúde Electronic Magazine**. **2021**	**The therapeutic itineraries through the Unified Health System (SUS) of trans men in search of the transsexualizing process.** To analyze the therapeutic itinerary taken by transgender men through the transsexualization process in the Unified Health System (SUS) offered by a transgender care service in northeastern Brazil.
T13 Marcos André Medrado da Cruz et al. **Revista Extensão da Universidade Federal do Recôncavo da Bahia. 2022**	**Comprehensive health care for the trans population: report of an extension event.** The aim was to present the experience of conceiving, building, organizing and holding the First Symposium on Comprehensive Health Care for the Trans Population.
T14 Beatriz Rodrigues Silva Selles et al. **Health in Debate' magazine**. **2022**	**Social support networks for trans people: expanding the production of care.** The aim was to present and discuss the therapeutic itineraries built by trans people in Niterói through their social networks.

T15 Cláudia Regina Ribeiro et al. **Journal Ciência & Saúde Coletiva. 2022**	**Masculinities under construction, bodies under (re) construction: desires, contradictions and ambiguities of trans men in the transsexualizing process.** To present the results of a study on the strategies, expectations and desires of 28 transsexual men in the construction of their masculinities and the reconstruction of their bodies through cross-hormonization.
T16 Denildo de Freitas Gomes et al. **Anna Nery School, journal of nursing. 2022**	**Restriction of public health policies: a challenge for transsexuals in primary care.** To identify and discuss the reasons that hinder or restrict transgender people's access to basic health services.
T17 Ialy Virgínia de Melo Baía. **Revista Saúde em Redes. 2022**	**Coloring paths in the SUS: implementation of the comprehensive health care line for the LGBTI+ population in the city of Mossoró/RN.** To describe the process of implementing the LGBTT+ population health care line in the municipality of Mossoró.
T18 Mayara Paulina Barbosa da Silva et al. **Popular Education Journal of the Federal University of Uberlândia (UFU). 2023**	**The care of trans people by professionals from the Unified Health System from the perspective of nursing academics.** It was based on the perspective that nursing students have about the care of trans people by professionals in the Unified Health System.
T19 Camila Rodrigues Paiva et al. **Physis: Journal of Collective Health. 2023**	**The health care network for the transgender population.** To understand how transsexuals perceive access to the health care network in a municipality in the Zona da Mata region of Minas Gerais.
T20 Elaine Marcelle Ferreira da Silva et al. **Scientific Society Magazine. 2023**	**Care challenges for the transsexual population: Perception of primary care nurses in the municipality of Lajedo - PE.** The aim was to understand the difficulties faced by nurses in Primary Health Care in assisting the transgender population of a municipality in the V GERES, Lajedo-PE.
T21 Helena Moraes Cortes et al. **Interdisciplinary Electronic Journal Matinhos. 2023**	**Grupo papo trans: experience of mutual help between trans people in the pandemic - second edition.** The aim of this article was to report on an experience from the sessions of a virtual mutual help group held with and for trans people during the COVID-19 pandemic.
T22 Larissa de Lima Ferreira et al. **Revista Contribuciones a Las Ciencias Sociales, São José dos Pinhais. 2024**	**Challenges and perspectives in nursing care for lesbians, gays, bisexuals, transvestites and transsexuals in Brazil: contributions from the epistemologies of the SOUTH.** The aim was to reflect on the contributions of the Epistemologies of the South to the work of nurses with lesbian, gay, bisexual, transvestite and transgender patients.
T23 Hallisson Eduardo dos Santos Pinho et al. **Brazilian Journal of Homoculture Studies. 2024**	**"I feel like Ballroom catapulted me": practices of resistance and LGBT+ mental health promotion.** The aim was to investigate the Ballroom culture, perceiving it as a practice of resistance and promotion of LGBTQIA+ mental health, in order to understand the existing coping strategies and the importance of this culture in the lives of the participants.

Chart 1- Identification of selected articles according to first author, journal, year of publication; title and objectives.

Source: Authors (2024).

Type of Study, Location, Population and Sample.	MAIN RESULTS	Level of evidence
This is a qualitative study with an exploratory approach, conducted through interviews. **The study was carried out** between 2012 and 2014 in the city of Fortaleza, Ceará. **The population and sample** were 4 transvestites and transsexual women.	Health for transsexuals and transvestites is closely linked to the possibilities of shaping a female body. In building this body, they travel care itineraries that tend to contradict biomedical knowledge and technologies and their normative models of health/disease and man/woman. In order to get around the obstacles to building the desired female bodies, which are imposed by health actions governed by a binary and exclusionary logic, transvestites and transsexuals develop strategies to produce their health, beauty and physical and psychological well-being in an alternative way.	**4**
This is a qualitative study, using semi-structured interviews. **The study was carried out** with the Family Health Program in a city in Minas Gerais. **The population and sample** were 10 professionals from the nursing team.	The nurses and technicians interviewed still have a restricted view not only of transsexuality, but also of gender identity. It was possible to see that the predominant view in the family health strategy is the one that permeates society, in which trans people are invisible, as is part of the population that lives on the margins.	**4**
This was a qualitative study carried out between May and June 2017. **The setting** was a public health care institution, located in the **municipality of Rio de Janeiro**, which implements the Transsexualizing Process Policy. **The population and sample** were 90 transsexual women treated at a specialized center.	Knowledge about the common sense of transsexual women revealed a non-pathological view of transsexuality and care problems, such as the delay in releasing reports for sex reassignment surgery. Although they understand the assistance provided by the Transsexualization Process Policy and the acceptance by the multidisciplinary team as a benefit, they remain uncomfortable with the requirement of a standard established by science as a requirement for the condition of transsexual woman for health professionals.	**4**
The Freirean **methodology** of the Culture Circle was used with the health professionals, as part of an intervention research. **The setting is the city of** Mossoró/RN, a multiprofessional health residence. **The population and sample** were 18 resident professionals from the second year of the Multiprofessional Residency Program in Primary Care/Family and Community Health at the State University of Rio Grande do Norte.	We were able to understand the current situation regarding access to health care for trans people in Mossoró/RN and how health professionals are or are not involved in this care. We were able to observe that health professionals are not approaching these people, but that most of them want to open their doors to them, based on their knowledge. We can see that information alone cannot transform realities. But a method that prioritizes implication with a view to taking action based on knowledge of realities, getting closer to them, problematizing and affecting them, as is the case with the Culture Circle.	**5**
This is a qualitative **study**, with individual semi-structured interviews. **The scenario** took place in three municipalities in Baixada Fluminense, Rio de Janeiro. The **population and sample**: The study involved nine trans women, aged 23-45, and AIDS program managers and professionals.	Sexual/gender discrimination has been evoked in the literature to reflect on trans women's access to health services and care. Although the data in this study shows embarrassment on the part of professionals, such as disrespect for the use of the social name, these situations do not actually prevent them from going to services. Understanding this issue also requires considering the agency of transvestites and the resources they mobilize to obtain care, including their networks (social movement, health network and social assistance). In addition to discrimination, transvestites indicate that access to health care is linked to the availability of services that fully meet their health needs and are not restricted to HIV/AIDS prevention, as well as to certain incentives that make it easier for them to go to services	**4**
This is a quantitative-qualitative study. The data collection technique used was an interview guided by a semi-structured script and a self-completion questionnaire. **The setting** was the Faculty of Nursing at Rio de Janeiro State University (UERJ). **The population** was made up of undergraduate nursing students **and the** initial **sample** consisted of 30 students.	It can be seen that undergraduates' knowledge of health care for LGBT people is still insufficient to qualify nursing care, and needs to be further developed so that LGBT health policy can be fully addressed. It is suggested that the curricula of nursing courses be reviewed so that this issue can be better addressed and, as a result, students feel more confident in their approach to these people, social prejudice and prejudice in the SUS decreases and, consequently, the adherence of these people to health services increases, thus aiming at the real universality of the SUS.	**4**

This is qualitative research, as it allows for an in--depth exploration of the social actors' perspective on their practices **The setting was** two Basic Health Units (UBS), one central and the other peripheral**,** and in a peripheral Emergency Care Unit (UPA) in Curitiba/PR. **The population** was **made up of** health professionals **and the sample** consisted **of** 19 health professionals, 15 cisgender women and 4 cisgender men: 4 doctors, 3 CHWs, 5 nursing assistants/technicians, 4 nurses, 1 psychologist, 1 oral health technician and 1 SAMU first-aider.	We could see how gender norms are present in the discourses of professionals and constitute barriers to health care practices for the trans population, which is not recognized by them with dignity or respect for their experiences, in dissonance with national guidelines for public health care. According to the speeches of health professionals in the city of Curitiba/PR, the right to health for trans people is not being guaranteed. We therefore believe it is urgent that the precariousness of trans lives, the result of the inequalities of a capitalist, sexist, racist and misogynist world, which relegates bodies to inhumanity, illness, neglect and morbidity, can be replaced by a project to promote a more livable life.	**4**
This is a descriptive, exploratory and qualitative study. **The setting was** the basic health units in a municipality in the northern region of the state of Espírito Santo, located in the southeast. **The population was made** up of professionals with a degree in nursing who make up the municipality's ESF teams. **The sample consisted of 10** professionals with higher education in nursing, 9 women and 1 man.	It was evident that the reception is limited, since the nurses interviewed, when asked about their general knowledge of the LGBT public, showed embarrassment when talking about the subject during data production and limited themselves to pronouncing only the meaning of the letters, emphasizing that the acronym has a vast meaning associated with years of social exclusion, embarrassment and limitation in approaching the subject that directly affected the realization of the research.	**4**
This is an exploratory, descriptive **study** with a qualitative approach. **The setting** was a trans health clinic located in the city of Niterói, RJ. **The population was** transgender men. **The sample consisted of** 12 transsexual men.	This study has shown that trans men's expectations in relation to cross-hormonization go beyond body changes, as they want to achieve life changes. They yearn for changes to their face and voice, as well as body remodeling, and they see this process as their passport to freedom in a wide variety of spaces. Nursing can collaborate in the transition process as part of the multidisciplinary team of the transsexualizing process and also in the construction of public health policies, as well as being a strong player in health education, favoring the minimization of risks and damages in the face of the social vulnerability to which this public is exposed.	**4**
This is a qualitative study, conducted using the interpretative method of the hermeneutic-dialectic circle. **The setting** was a Basic Health Unit located in Marabá - Pará. **The population was** lesbian, bisexual and transgender women and health professionals. **The sample consisted of** 5 lesbian, bisexual and transgender women and 5 health professionals.	Health care for women, as described by the participants, promoted social and programmatic vulnerabilities structured by taboos and prejudices, which endorsed exclusionary professional behaviors in the provision of specific care, which consequently amplified risks and threatened the quality of life of this population. The dissemination of this evidence is an indicator for future decisions on priorities, the use of resources and professional training in the care of lesbian, bisexual and transgender women.	**4**
This is a qualitative, descriptive and exploratory study, using the snowball technique**.** **The setting was** a unit of a Testing and Counseling Center (CTA) in a city in the recôncavo region of Bahia. **The population was** transgender men, transgender women and transvestites The **sample consisted of** 44 people, 14 of whom recognized themselves as transgender.	Generally speaking, it is understood that the removal of the transgender population from health services in the municipality studied goes through a cycle of violence and denial of identities that is routinely experienced. The social construction that pathologizes transgender identity builds stigmas and prejudices that enter the services, violating and excluding this part of the population. The lack of adequate training and sensitive and effective continuing education means that health professionals take disrespectful attitudes into the micro-politics of their daily work, and more than that, reductionist, inflexible and exclusionary practices that fail to understand the depth of the vulnerability that this public routinely faces.	**4**
This is a qualitative case study based on semi-structured interviews. **The setting was a** university hospital located in a northeastern capital. **The population was** trans men. **The sample consisted of** 12 trans men who had gone through the transsexualizing process.	There is a need to restructure the way in which relationships and day-to-day activities take place in services, to minimize the wait for access to the transsexualizing process in the Unified Health System, also aiming to remove barriers that restrict and harm the autonomy of trans people; as well as to establish efficient information mechanisms regarding the services offered to this population within the SUS.	**4**

This is an experience report**.** **The scenario at the** Federal University of Recôncavo da Bahia was broadcast online via YouTube. **The population was made up of** students and health professionals. There were more than 4,000 entries in the **sample**.	It fulfilled its objective, having fostered debate and brought clarification to a historically neglected topic, reaching both academics and professionals as well as the general public, where it was to encourage the replication of events of this type, the creation of spaces for discussion and, therefore, to propose tensions in the field of health aligned with the principles of Universality, Equity and Integrality of the Unified Health System (SUS).	**5**
This is a qualitative, exploratory **study**. **The setting** was the João W. Nery Transvestite and Transsexual Population Health Care Clinic in Niterói, Rio de Janeiro. **The population was made up of** transsexual users of the clinic who live in the municipality. The **sample consisted of** 20 transsexual users of the clinic.	In addition to assistance services, policies aimed at the trans population must value intersectoral coordination that is capable of promoting citizenship and helping this population to occupy and participate in various social scenarios and spaces, making it possible to repair the historical marginalization to which they have been subjected and which has reduced their social spaces of action to street corners and city streets. In this way, it will be possible to translate trans health policies into care based on the paradigm of comprehensiveness and human rights.	**4**
This is a qualitative **research** approach using participant observation and interviews with a semi-structured script. **The setting was an** outpatient clinic for the Transsexualizing Process in one of the municipalities in metropolitan region II, in Rio de Janeiro. **The population was** trans men. **The sample consisted of** 28 trans men.	"To be trans is to look at yourself in the mirror and look a little bad." This sentence, said sadly by one of the participants, touched us in a poignant way. We believe that this cannot be an acceptable definition of transsexuality and that it needs to be denied and revised, especially by those working in the health field, whose professional obligation is to promote health and act so as not to make this phrase a sentence. We believe that this statement reveals what the health system can and needs to be for these people, an institution that helps these men meet their dreams through care that dignifies them and is worthy of them.	**4**
This is an exploratory and descriptive **study** with a qualitative approach. **The setting** was the Family Clinics, located in a neighborhood in the West Zone of the city of Rio de Janeiro. **The population** was made up of transsexuals living in the area under investigation who identified themselves as transsexuals. The **sample** was limited to 12 people due to data saturation.	This social group has been alienated from the political processes of public health, which is a reflection of the very construction of policies that, in the current model, are designed for the target population, not with it, offering an opportunity for more effective and efficient exchanges of knowledge between professionals from the multidisciplinary team and users. Invisibility and disrespect on the part of professionals, as well as embarrassment and suffering that lead to self-exclusion from the health system, serve as a warning for these professionals, especially nurses, to seek to promote care that brings the user to the center of discussions as a participant in care or instituting care.	**4**
This is a descriptive **study**, an experience report with a qualitative approach. **The setting is the** first LGBTI+ outpatient clinic in Rio Grande do Norte. **The population was** a post-graduate psychologist involved in the process of implementing the first comprehensive health care line for the LGBTI+ population in Rio Grande do Norte. **The sample came from** a psychologist.	Continued training in health, within the service, can help to mobilize practices that are so set in stone and which contribute to barriers to access for certain peoples. Unfortunately, there are still difficulties to be faced, especially with the process of dismantling the SUS that we are experiencing. In addition to these "macro" barriers, there are, as we have seen throughout the text, barriers within the service, carried out by health professionals who do not live the precepts of the Unified Health System. Because of this, we need to recognize that the fight doesn't stop, that the achievement is also valid for catching our breath and continuing on the path towards a more equal society for the LGBTI+ population.	**5**
This is a descriptive **study**, an experience report with a qualitative approach. **The setting is the** Faculty of Nursing at the University of Pernambuco, in Recife. **The population was made up of** nursing students. **The sample consisted of** six female and one male nursing student.	The lack of specific curricular subjects on the subject for future health professionals is a factor that has a negative impact on the reception and care of the trans population that comes to hospitals. The students pointed out solutions that reinforce the need for internships and classes on the subject during their undergraduate studies, as well as continuing training based on promoting humanization for health professionals. They pointed out that if health professionals continue to use the outdated biomedical and curative model of health care in their practices, they will not be able to respond to the health demands of the trans population. In this sense, the students emphasized that the SUS must provide universal, comprehensive care for this public, with justice and social participation.	**5**

This is a descriptive study with a qualitative approach. **The setting was** a municipality in the Zona da Mata Mineira. **The population was** transsexual women and four transsexual men. The **sample consisted of** 4 transsexual women and 4 transsexual men, aged between 20 and 30.	It was observed that the transsexual population experiences situations of embarrassment in health services, which makes them avoid using these services and feel afraid when they need to seek some kind of care in these spaces. Faced with this embarrassment, they create strategies to remain in the services. Therefore, it was possible to infer that the transgender population is subjected to neglect, institutional prejudice and does not have its health needs met. They encounter numerous barriers in accessing the formal health care network, making them resort to other alternatives to build this care, which can sometimes be unsafe for their health.	**4**
This is a cross-sectional study with a mixed approach. **The** Primary Care **scenario** in the municipality of VGERES, Lajedo-PE. **The population was made up of** Primary Care nurses from the municipality of V GERES, Lajedo-PE **The sample consisted of** 13 nurses.	Even though most of the interviewees reported understanding the LGBTQIA+ policy, unfortunately assistance to the trans population is not provided in an equitable manner, since there are still flaws from the reception to the assistance itself, and this is due to various factors such as: restricted knowledge, insecurity in approaches, flawed guidance and even low demand for health services. It should be emphasized that academic training in assisting the diverse population, of which the LGBTQIA+ population is a part, is extremely important, since most institutions do not have a specific chair to address the particularities of the diverse population and, in this case, the LGBTQIA+ population, of which trans people are a part.	**4**
Research: This is an experience report from an extension project called Grupo Papo Trans, which was developed at a Federal University in Bahia. **The setting was the** Federal University of Bahia**.** **The population was made** up of people who identified as transgender or non-binary. There **were** 23 people in total on Google Meet®, 9 trans women, 12 trans men and 2 cis women, based on each participant's self-reference. On Whatsapp®, around 46 people attended, 10 trans women, 28 trans men, 4 non-binary people and 3 cis women.	At many points during the Papo Trans group sessions, participants highlighted situations of anguish and psychological distress, especially because they had to return to their families' homes, given that many had lost their jobs during the pandemic. Returning to their nuclear family was a source of suffering for many of the young people, as they were often prevented from expressing their gender or did not have their social name respected In short, the Papo Trans group hopes to continue to be a space for exchanges, welcoming, listening and bonding among the transgender community, so that its members can feel comfortable talking and sharing their feelings, in the search for understanding and reciprocity from their peers, with a view to promoting mental health and improving the quality of life of all those involved.	**5**
This is a reflective study, based on some of Boaventura de Sousa Santos' assumptions. **The setting was the** Graduate School of Nursing at the Federal University of Rio Grande do Norte (UFRN). **The population** ranged **from** nurses to lesbians, gays, bisexuals, transvestites and transsexuals. **The sample was**	As nurses play a central role in caring for this population, they need to understand factors such as prejudice, stigma, discrimination and violence that contribute to keeping the LGBT+ population away from health services. Discussions and reflections on the specific needs of individuals in situations of vulnerability are strong tools capable of (re)orienting society and raising relevant and necessary debates in the various spheres of the population, in order to promote knowledge by breaking down social stereotypes and improving the quality of life of communities, as well as driving the adoption of health promotion strategies for nursing care for minority groups.	**5**
This is an unstructured narrative interview **study** in which the information collected was analyzed using thematic analysis **The scenario was with** people who are part of the Ballroom community in Piauí, specifically in the cities of Teresina-PI and Parnaíba-PI. **The population was made up of** people from Piauí's ballroom community **The sample consisted of** five people from the Ballroom community in Piauí.	According to the interviewees, the ballroom scene in Teresina is heading towards its third year of existence in a consistent and consolidated way, claiming its territory, while the scene in Parnaíba is at a more embryonic stage. Despite the short time, the reports show very significant transformations in the lives of the people who are part of this culture. Therefore, more studies are needed on the symbolic role that Ballroom culture plays in promoting mental health and well-being in people's lives in the Brazilian context, where this collective movement produces handmade tools for experimentation, self-knowledge, emancipation and the development of autonomy, aspects that also fall within the scope of psychological science.	**4**

Table 2-Type of study, place where it was carried out, population, sample, main results and level of evidence.

Source: Authors (2024).

In this sense, of the 23 articles reviewed, ***two are at level three*** and ***ten are at level four***, demonstrating a high percentage of qualitative and expert opinion articles. However, articles found at levels one and two that demonstrate the synthesis of cohort studies or case-control studies are insufficient in a single cohort or case-control study.

CHARACTERIZATION OF THE ARTICLES THAT MADE UP THIS RIL

The articles were identified through a bibliographic search carried out in July 2024 in the following databases: LILACS and SCIELO. Twenty-three articles were selected that met the inclusion criteria for achieving the proposed objective. The number of publications included was 12 from SCIELO and 11 from LILACS. Present in 23 publications. The 23 articles selected were published between 2017 and 2024, with 02 from 2017, 02 from 2019, 04 from 2020, 03 from 2021, 05 from 2022, 04 from 2023 and 02 from 2024. As for the region, the Northeast region stands out with 11 articles distributed 03 in Rio Grande do Norte, 03 in Bahia, 02 in Pernambuco, 01 in Piauí, 01 in Ceará and 01 in a capital of the Northeast, followed by the Southeast region with 10 articles distributed with 07 articles in Rio de Janeiro, 02 in Minas Gerais and 01 in Espirito Santo, followed by Pará with 01 article and the South region with 01 article. The majority of the articles came from nursing journals with 8 articles, followed by gerontology journals with 5 articles, and the rest were distributed among collective health, primary care and physiotherapy journals.

WHAT DO THE PUBLISHED ARTICLES SAY?

T1. She reports having observed that the nurses and technicians interviewed still have a restricted view not only of transsexuality, but also of gender identity. Through the interviews, it was possible to see that, in the family health strategy, the predominant view is the one that permeates society, in which trans people are invisible, as is part of the population that lives on the margins.

T2. He says that nursing needs to understand issues related to transsexuality, being an instrument for articulating common sense as scientific knowledge and common sense.

T3. In addition to discrimination, transvestites indicate that access to health care is linked to the availability of services that fully meet their health needs and are not restricted to HIV/AIDS prevention, as well as to certain incentives that make it easier for them to go to services.

T4. Her study found that undergraduates' knowledge of health care for LGBT people in this study is still insufficient to qualify nursing care, and needs to be further developed so that LGBT health policy can be fully addressed. It is suggested that the curricula of nursing courses be reviewed so that this issue can be better addressed and, as a result, students feel more confident in their approach to these people, social prejudice and the SUS decreases and, consequently, the adherence of these people to health services increases, thus aiming at the real universality of the SUS.

T5. He points out that, based on the discourses of health professionals, the right to health for trans people is not being guaranteed, once the precariousness of trans lives, the result of the inequalities of a capitalist, sexist, racist and misogynist world, which relegates

bodies to inhumanity, illness, neglect and morbidity, can be replaced by a project to promote a more livable life.

T6. He points out that the reception was limited, since the nurses interviewed, when asked about their general knowledge of the LGBT public, showed embarrassment when talking about the subject during data production and limited themselves to pronouncing only the meaning of the letters, emphasizing that the acronym has a vast meaning associated with years of social exclusion, embarrassment and limitation in approaching the subject that directly affected the realization of the research.

T7. It corroborates that nursing can collaborate in the transition process as part of the multidisciplinary team of the transsexualizing process and also in the construction of public health policies, in addition to being a strong player in health education, favoring the minimization of risks and damages in the face of the social vulnerability to which this public is exposed.

T8. It emphasizes that health care for women, as described by the participants, promoted social and programmatic vulnerabilities structured by taboos and prejudices, which endorsed exclusionary professional behaviors in the provision of specific care, which consequently amplified risks and threatened the quality of life of this population.

T9. An analysis of the speeches reveals that the lack of adequate training and sensitive and effective continuing education means that health professionals take disrespectful attitudes into the micro-politics of their daily work, and more than that, reductionist, inflexible and exclusionary practices that fail to understand the depth of the vulnerability that this public routinely faces.

T10. There is a need to restructure the way relationships and day-to-day activities take place in the services, in order to minimize the wait for access to the transsexualizing process in the Unified Health System, also aiming to remove barriers that restrict and harm the autonomy of trans people; as well as establishing efficient information mechanisms about the services offered to this population within the SUS.

T11. He says that in addition to assistance services, policies aimed at the trans population should value intersectoral coordination that is capable of promoting citizenship and helping this population to occupy and participate in various social scenarios and spaces, making it possible to repair the historical marginalization to which they are subjected and which has reduced their social spaces of action to street corners and city streets.

T12. They believe that this statement reveals what the health system can and needs to be for these people, an institution that helps these men meet their dreams through care that dignifies them and is worthy of these people.

T13. She considers that invisibility and disrespect on the part of professionals, as well as embarrassment and suffering that lead to self-exclusion from the health system, serve as a warning for these professionals, especially nurses, to seek to promote care that brings the user to the center of discussions as a participant in care or instituting care.

T14. It proves that unfortunately there are still difficulties to be faced, especially with the process of dismantling the SUS that we are experiencing. In addition to these "macro" barriers, there are, as we have seen throughout the text, barriers within the service, carried out by health professionals who do not live the precepts of the Unified Health System.

T15. He points out that the lack of specific curricular subjects on the subject for future health professionals is a factor that has a negative impact on welcoming and caring for the trans population that comes to hospitals.

T16. She observes that the transsexual population experiences situations of embarrassment in health services, which makes them avoid using these services and feel afraid when they need to seek any kind of care in these spaces.

T17. She says that even though most of the interviewees reported understanding the LGBTQIA+ policy, unfortunately assistance to the trans population is not provided in an equitable manner, since there are still failures from the reception to the assistance itself and this is due to various factors such as: restricted knowledge, insecurity in approaches, faulty guidance and even low demand for health services.

T18. It infers that nurses, as they play a central role in caring for this population, need to understand factors such as prejudice, stigma, discrimination and violence that contribute to keeping the LGBT+ population away from health services.

FINAL CONSIDERATIONS

When analyzing the challenges faced by the nursing team in promoting health for the transgender population in public health services, based on the experiences of transgender people, it can be inferred that nursing care in the health service is incipient, carried by the stigma and prejudice experienced daily in the services that provide health care, corroborating the distancing of this population in question from the health service.

According to the articles analyzed, transgender people have faced damaging levels of family rejection, most of them from an early age, since this rejection ends up having a negative impact on each individual, thus contributing to their withdrawal from essential social spaces, not to mention the increased difficulties in accessing and continuing their schooling. The process of exclusion and the lack of support, professional qualification becomes unfeasible, imposing an interruption in the process of access to citizenship and causing impacts on their mental health, as well as high levels of isolation and suicide.

It should be emphasized that there is a need to invest in continuing education for professionals who work in health care, as well as to implement subjects in undergraduate courses that discuss access and health of the transgender population, in order to ensure that health professionals do not perpetuate disrespectful attitudes when attending a transgender person, as well as to mitigate the exclusionary practices that are routinely experienced by the population studied that seeks assistance from public health services.

In light of the challenges faced by the nursing team in promoting health for the transgender population, the importance of effective communication is highlighted, based on respect for gender identity, the desire for what the person wants to be called, and not simply being bound by assumptions or dogmas followed by veiled prejudices, it is necessary to strengthen integrated health and education actions, ensuring that both professionals and users are well informed and supported in the practice of inclusion, only in this way can we ensure health promotion that aims to significantly improve the health and well-being of the transgender population served by health services.

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